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TALIACOTIAN OPERATION.

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IN some former Nos. of this Journal, we have published two or three cases illustrative of the operations required for the restoration of the nose, where it has been lost either from disease or accident. In two of these cases, where the whole organ was lost, the skin requisite for its reparation was taken from the forehead, according to the Indian method, and transplanted to the place required. In a third case, where a portion only of the nose was destroyed, the skin was borrowed from a distant part of the body—the fore-arm, the head and the extremity being maintained in contact by a suitable apparatus until the process of union was completed.

In the case which we now propose to publish, the operation was performed according to the method recommended by Taliacotius, modified, however, by the experience which modern practice has suggested—the skin being borrowed from over the biceps muscle, as in the Taliacotian operation. This case is more interesting from its being, so far as we know, the only one which has been successfully performed by this method for the last twenty years, the separation of the flap being made at an earlier period than in any case on record.

Graeffe, of Berlin, and Delpech, of Montpellier, in 1817 and 19, attempted the operation of Taliacotius. In the former case the arm was kept up in contact with the face for fourteen days, the patient recovering in a year, the operation having been tolerably successful. In a second case, the separation of the parts was made at rather an earlier date. We have no very accurate details to rely upon as regards the operation of Delpech. Since that time the operation seems to have been abandoned, from the apparent difficulties which attended it. In the present case, it will be perceived that the union was thought sufficiently perfect at the end of seventy-two hours, or three days, to determine us to separate the new flap from its original situation—and the result proved that our opinion was well grounded. The immense advantage of this early division of the parts will be easily perceived, and the possibility of it will be of great weight in assisting us as to which form of operation to select. The preference of this over the other methods, is, that no scar is left on the face, as must necessarily be the case where the skin is taken either from the forehead or

other parts of the face. At the same time, it must be acknowledged that the skin of the arm does not possess sufficient firmness or elasticity for the construction of the nose where the substructure, such as the bones and cartilages, have been destroyed.

We now proceed to the details of the case.

The patient was a lady, 30 years old. Having a little warty excrescence on the nose, she applied to a quack, who happened to enjoy considerable notoriety, at the time, in the treatment of cancers, and who, as usual, at once informed her that the disease was cancerous, and advised its removal. A caustic was applied, but so badly managed, that not only the disease but a portion of the nose also was destroyed, leaving the unfortunate subject in a most distressing situation.

It may perhaps be remembered, that in a former case, which was published in this Journal, an operation was required under precisely similar circumstances; and they may serve as a warning to those who are so led away as to submit themselves to the mercy of ignorant charlatans.

This lady, when I first saw her, some time after the ulceration from the effects of the caustic had healed, looked exactly as if the nose had been neatly excised; the skin, a portion of the cartilage forming the septum nasi, and about one third of the columna, was wanting. The nasal cavities were thus quite exposed, and the deformity produced of a very striking and disagreeable character.

I at once perceived that the Indian method would not be applicable, as it required too great a sacrifice in bringing the integument from the forehead, and I determined to adopt the Italian method of transplanting the skin from another part of the body. In a former case, already referred to, where the skin was taken from the fore-arm near the wrist, an obstacle presented itself, which had not been fully foreseen; this was the impossibility of retaining the arm sufficiently steady, by any apparatus that could be devised, to prevent the movements of the body being communicated to the part where the uniting process was going on; by the method of Taliacotius, the head and arm are kept immoveably confined during the time of union, and no motion of the patient can disturb these parts, if the bandage remains firm. This position may easily be supported by a thin subject; but in a large muscular man it is next to impossible even to bring the arm into the proper position, much less to preserve it there for any length of time. The present case being considered a proper one for the latter method, it was determined to attempt it.

I advised my patient to return home, and to have a bandage made such as described and depicted in the work of Taliacotius, and to exercise herself daily for a few weeks in keeping the arm up in contact with the face in the position which it would be requisite to maintain after the operation. This was done, and all preparations being made, the operation was performed on the 21st of October, 1840, in the presence of Dr. Reynolds, Dr. Townsend, Dr. Inches, and a number of other medical gentlemen.

The cicatrix covering the edge of the nostrils was first removed, and the apex of the septum and columna nasi made into a raw surface. A

flap, nearly double the size required, was now dissected out from over the upper part of the biceps muscle of the right arm; its base, which presented downwards, being left attached. The bleeding having ceased, and the flap contracted, which it did nearly one half, the arm was brought up to the face, and the edges of the flap confined in contact with the raw surface of the nose by six sutures. The bandage of Taliacotius, of which the accompanying wood-cut gives a good idea, as well as of the general appearance and position of the patient, was now applied, and served to maintain the arm immoveably fixed in contact with the head.* The whole of this painful operation was supported with the most determined fortitude.



October 22d.—Since yesterday she has remained in an arm-chair, preferring the sitting posture as the most comfortable both for breathing and for taking nourishment. For an hour or two after the operation, the arm was quite numb, from its constrained position and the pressure of the bandages; this gradually changed to a painful sensation. She now has some pain in the elbow, none in the shoulder where it would have been most expected, and less than yesterday in the fore-arm. Her pulse is good, she has slept at intervals, and takes gruel with appetite, sucking it through a glass milk tube, which was the best contrivance we could think of for this purpose; she has left her chair and walked about the room, without disturbing the bandages.

23d.—She complains to-day of severe pain in the wrist, which was very soon relieved by wetting the bandages with laudanum; and almost

* I am indebted to the kindness of my friend, Dr. Inches, for a copy of the original folio edition of Taliacotius, bearing the date of 1597, from which this wood-cut is copied. This very rare and curious work was obtained, with much difficulty, in Italy, and but few copies are to be found in preservation at the present day.

immediately after each application, when it was required during the day, she was composed to sleep. The bandages were relaxed a little from being wet, but not so much as to injure the adhesion.

24th.—At 10 o'clock, 72 hours after the operation, I proceeded, in presence of a number of medical gentlemen, to divide the pedicle and release the arm from its painful position. On first letting it down, the arm appeared quite paralyzed, but by gentle friction the power of motion and sensation was gradually restored.

A perfect adhesion had taken place between the new flap and the right side of the nose. On the other side, the skin was so wrinkled up from the pressure of the head downwards on the arm, that it was not possible to determine what was the state of union. Out of the new flap a pedicle was now shaped, to serve for the completion of the columna, and was confined in contact with what remained of the old one, by a single suture.

The patient was in good spirits, and appeared but little fatigued from the painful position in which she had been confined for such a length of time. Her sufferings had certainly been greatly alleviated by the possibility of being able to move about the room without interfering with the adhesive process, owing to the perfect retentive power of the bandages.

25th.—Quite comfortable; the tip of the nose looked well; the edges on one side somewhat livid, but on being touched with the knife bled freely; a portion of the new columna in a sloughing state.

November 11th.—A small piece of the skin which formed the septum having sloughed, the remainder has settled down, and at present is firmly united in its situation. The nose has a good shape, but is still a little swollen.

December 12th.—This patient returned home well. Nose has entirely healed, its form is good; the tip is slightly turned up, and the whole organ a little shortened when compared with its original dimensions, but is still agreeable, and presents nothing remarkable to a casual observer; the line of union has so melted down into the surrounding parts as to be scarcely perceptible. She was seen by a number of physicians before leaving town, who were able to congratulate her on the successful termination of the operation.

At the present time, more than two years has elapsed, and no unfavorable change has taken place in the aspect of the restored organ, and the patient has had no reason to regret the suffering she has undergone.

February 20th, 1843.

A CONCISE VIEW OF THE BENEFITS OF ANATOMY.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 60.]

BESIDES the knowledge of our body, through all the variety of its structure and operations in a healthy state, it is by anatomy only that we can

arrive at the knowledge of the true nature of most of the diseases which afflict humanity. The symptoms of many disorders are often equivocal; and diseases themselves are thence frequently mistaken, even by sensible, experienced and attentive physicians. But by anatomical examination after death, we can with certainty find out the mistake, and learn to avoid it in any similar case.

In reference to the importance of this subject, we would compare the knowledge which enlightened physicians now have of the diseases of childhood, with the obscurity in which the diseases of this period of life were formerly involved. We will take, for example, the knowledge now possessed of the true nature of a malady which used to be exceedingly frequent, and almost uniformly fatal among children, namely, hydrocephalus, or dropsy of the brain. A child when attacked with this complaint, screams out suddenly, whilst at play. A change is quickly observed in the child's countenance. A physician is sent for in alarm. He finds the child restless, irritable, flushed, constantly moving its head on the pillow, the skin hot, and the pulse quick. In a few days the pulse becomes slow and intermittent; the child, from being in a state of constant restlessness, attended with an occasional sudden shriek, falls into stupor; vomiting is often superadded; in a few days, and sometimes within a day or two, the pulse having become again extremely rapid, the child may expire in convulsions. Such is the brief history of the attack, progress and termination of a malady which used to destroy many children, and often individual after individual of the same family.

But was the history of the disease really thus brief, and its progress really thus rapid? On the contrary, the concurrence of symptoms was in fact exceedingly numerous, and their progress remarkably slow. The disease, at the point of time at which the history of it is here taken up, appeared to be seated solely in the head. The head, generally, is the last part affected; the brain suffered entirely in consequence of its sympathy with other and distant organs. The disease may and does commence, generally, in the abdomen. The child, long before it gave that ominous scream, had been fretful, hot, feverish, either without appetite, or with a voracious one, and these states alternating with each other; either with a constipated or a relaxed state of the bowels, and these states also alternating with each other, the discharges meantime being always unnatural, and the abdomen always tumid, hard and oftentimes tender. These symptoms, because they did not lay the child prostrate upon its bed, were overlooked, or deemed of no consequence. But at last, from the total failure of all the means employed to save the child, when the symptoms of brain disease came on, physicians began to take another view of the matter. They availed themselves of every opportunity they could obtain of inspecting the bodies of the children who died of this terrible malady. In the brain they found water indeed, but often only in very small quantity, and sometimes scarcely any; while there were always signs of inflammation, and, in general, *signs of recent and active inflammation*, in contradistinction to the signs which denote inflammation of a *slow or chronic* character. On looking further, they found still more striking ap-

pearances of disease in the abdomen; appearances which denoted disease of a slowly, but constantly progressive character—the source of irritation to the whole system—an irritation not perceptibly, yet uniformly increasing daily. The real nature of the malady was now disclosed. The first appearances of disease were observed; the disease was attacked before it had time to be developed; the remedy was applied to the true seat of the malady, the *abdomen*, and not to the *head*, which, as yet, remained unaffected. Under early and judicious treatment, the head thus almost always remained unaffected; and now water of the brain in children is an exceedingly rare disease, hardly ever coming on but in neglected cases of *disordered bowels*—cases neglected on account of a more than ordinary degree of ignorance or inattention on the part of the mother, or the nurse.

This is an example of the manner in which an examination of the body, after death, has led to the detection of the true seat and nature of disease; and it is but one example. The aversion to the dissection of the human body, which has hitherto prevailed in all ages and nations, is one among the many and grievous evils inflicted on man by superstition. It is the progress of civilization to change this aversion into respect and gratitude.

For the purpose of keeping a regular connection with our subject, we will next consider that portion of the human system, called the *ABDOMEN*. When the number, the diversity, the proximity, the relation and importance of the organs contained within the abdomen are considered, it will be obvious that it must be a matter of absolute necessity to the anatomist, the physiologist, the physician, and the surgeon, to mark with accuracy the situation of each. An effectual expedient for the accomplishment of this object is now in universal use. It consists in dividing the whole extent of the abdomen into certain regions or parts. It must be borne in mind that this division is altogether arbitrary, and is adopted not because there is any such division in nature, but solely because it is convenient for the purpose of science. The abdomen, then, is artificially divided into the following regions. The largest of the three splanchnic cavities, is bounded, above, by the diaphragm; below, by the pelvis; behind, by the lumbar vertebræ; and at the sides and fore part by muscular expansions. It is distinguished into three anterior regions, from above to below; viz., the *epigastric*, *umbilical*, and *hypogastric*, each of which is itself divided into three others, one middle and two lateral: thus the *epigastric region* comprises the *epigastrium* and *hypochondria*; the *umbilical*, the *umbilicus* and lumbar regions; and the *hypogastric*, the *hypogastrium* and *iliac regions*. The chief viscera contained in the abdomen are the stomach, liver, intestines, spleen, pancreas, kidneys, &c. It is lined by the peritoneum, and divided from the thorax by the diaphragm.

This arrangement being once understood, it is easy to speak with precision of the situation of any of the abdominal viscera. He who has made himself thoroughly acquainted with these regions, and with the organs situated in each, can tell what viscera would be wounded supposing a sharp instrument were to pass from the fore to the back part of the body, entering at any given point of the abdomen. He who can tell

this has acquired, in a practical point of view, an invaluable piece of information. He who cannot tell this, is in danger, either in the practice of medicine or surgery, of committing perpetual and fatal mistakes; and, therefore, it is evident that no student of medicine who has a clear conception of the duties of his profession, and who wishes to perform these duties, conscientiously, can be at rest until his mind is perfectly familiar with the subject.

R. C.

Boston, Feb. 14, 1843.

[To be continued.]

THE LIGATURE APPLIED UNDER CROSS NEEDLES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—With little regard to time, place or circumstances, the ears of the surgeon are frequently greeted with a question like this—"Doctor, is this a cancer on my face?" Then comes the examination; a small, red spot may be found in the skin—perhaps it has been of some years' standing, and may have increased a little within the last few months.

In a goodly proportion of these cases, the doctor has the trouble without the fee. He may not in every case be prepared with a positive yes or no for this question; with a cautious and guarded opinion, the patron will never be satisfied; he had his doubts before, and he has them still; and even sometimes comes to the conclusion that the doctor knows no more about the case than he does himself.

Now inasmuch as we do know that some of these small affairs do not remain stationary for life, however small they may be, if of long standing, I have generally, without calling them cancers, advised the immediate removal of the part. This I do rather than subject the patient to the inconvenience of keeping a watchful eye upon the local affection for an indefinite length of time; and more especially if the apprehension of an unfavorable change has become a source of annoyance to him. If a trifling operation will relieve this anxiety of mind, the patient is certainly entitled to the benefit of it.

A small portion of diseased skin is generally removed by raising the part with the tenaculum and separating it with the scalpel. This is quickly done, and generally answers the purpose. Still there are some objections to the method: as soon as the cutting is commenced, the line of demarcation being lost in the blood, we are liable to take either more or less than we intend: but we generally take more than is necessary.

In order to remedy this inconvenience, as well as some others, I have of late years adopted the following method:—In the first place, draw the temper from two fine sewing needles, in the blaze of a lamp; then, after giving them a slight degree of curvature, introduce one at the margin of the diseased skin and bring it out on the opposite side: this is done with a pair of small pliers. Then pass a thread under the ends of the needle, raise the part a little, and introduce the other needle in such a manner as to cross the first at right angles; pass a fine silk ligature under the needles

and tie moderately tight. The ends of the needles are then cut off with the scissors. In this manner we take precisely what we intend to take, and no more.

This practice is equally applicable to some cases of *nævi materni*, and other tumors of broad base and slight elevation.

When there is much irregularity in the shape of the part to be removed, I sometimes use three needles, but they should always be very fine. This generally leaves a smaller cicatrix, and consequently less deformity, than the knife.

Small as is this operation, I have been gratified with the result of it, and supposed it to be an improvement of my own; but upon removing some old books from an upper shelf, the other day, I discovered a flaw in my title, viz., that the cross needles were in common use a century and a half ago. This I had either forgotten or never knew.

In a work entitled—“*ARS CHIRURGICA—in four Books—The like yet never published in any language whatsoever, by William Salmon, M.D., living in the great House near Black Friars Bridge, London, 1699,*” it is thus written—“Others (which is the most common way) pass two needles through the cancer a-cross at right angles, and hold those ends up by threads or strings, and cut it off with a sharp knife.” And adds—“This work is horrid in appearance, but soon done if a skilful and nimble artist has it in hand. I remember that I once saw Dr. Th. Gardner, the King’s Chirurgian, cut off a very large cancer, weighing near eight pounds when off, from a woman’s breast, between forty and fifty years of age. I pulled out a minute watch which I had about me, when he first took the needles in hand, and from that time, the piercing of the needles, cutting off and binding up, to laying the woman in bed, amounted not full out to two minutes; the flux of blood was very small, and the woman did well, being perfectly recovered in about six weeks afterwards.”

This kind of operation was adopted as an improvement upon the old method of removing the breast by a single swoop with the red-hot knife. In this work are also found drawings and descriptions of various modern instruments, among which is a handsome representation of Hey’s saw, on copper plate, which is thus described:—“The small Head saw is that with which some men cut away the distances between the holes made in the skull with the Trepan.”

That this description could not have met the eye of Mr. Hey when he published his “*Practical Observations on Surgery,*” in 1803, will appear from the following extract from that work. Mr. Hey says—“If a saw could be contrived which might be worked with safety in a straight or gently curvilinear direction, it would be a great acquisition to the practical surgeon. Such a saw I can now with confidence recommend, after a trial of twenty years, during which time I have rarely used the trephine in fractures of the skull.

I could go on still further, but having, like a member of Congress, wandered from my subject, and exhausted my hour, will only add the assurance of my respect and esteem.

Z. HOWE.

Billerica, Feb. 1843.

RESTRAINT IN LUNATIC ASYLUMS.

[THE report of Dr. Kirkbride, the Physician to the Pennsylvania Hospital for the Insane, contains a candid and explicit avowal of the limited extent to which restraint is made use of in the treatment of the patients in that institution. As this is a subject which is still receiving much attention both in this country and in Europe, and is in fact one of very great importance, we copy Dr. K.'s remarks in full. A similar extract from the last report of Dr. Wm. M. Awl, Superintendent of the Ohio Lunatic Asylum, is likewise given. We also append some remarks on the same subject by the editor of the London Medical Gazette, which occur in a notice by him of the last report by Dr. Conolly, the Physician of the celebrated Hanwell Lunatic Asylum, in England. The three extracts will show that there is little difference in the treatment, in this respect, at these institutions.]

Pennsylvania Hospital for the Insane.—Although the means heretofore detailed, and the aid of a vigilant and efficient corps of assistants, have enabled a large number of the patients to enjoy the privileges which I have mentioned, almost from their first entrance; it is not to be concealed, that we always have in our family some with that unfortunate temperament that blackens the fairest scenes—distorts the purest motives, and misconstrues the kindest actions; and that many require some more decided restraint, until the violence of their attack has subsided.

No hospital for the insane can ever be without restraint—the very character of the building—the laws for its government, and the supervision and discipline that is required, impose a wholesome restraint upon all who enter its walls. Fortunately, the discipline and restraint, which the necessity of the case demands, can hardly prove injurious. The same cannot be said of the means, formerly believed necessary, the evils of which were of so terrible and lasting a character, that too much pains cannot be taken to diffuse more correct and enlightened views on every occasion.

Seclusion to guarded chambers for a limited period, is of vast importance in the treatment of insanity; but to prevent abuse, its duration must be under the immediate direction of a superior officer of the house. To no other person can it be safely entrusted.

Every year brings us cases to prove the danger of seclusion being improperly continued; and the bad habits which we have found most difficulty in subduing, have been traced directly to this cause; often combined, it is true, with the constant employment of some kind of apparatus, which effectually prevented the patient from taking proper care of his person, had he been so disposed.

Patients steadily confined to their rooms, are generally more addicted to the destruction of clothing and furniture—to filthy habits, and often offer greater violence to those about them, than when they have more freedom in their movements.

Seclusion for very short periods, I have found sufficient restraint for nearly every case under care during the past year, and with an average

population of one hundred and fourteen, there have rarely been more than four or five confined to their chambers. On more than one occasion, for two or three weeks together, not a single male was thus restrained. At the time of writing this report, and during several previous weeks, there has been but one of each sex in this situation. If proper provision is made for seclusion, classification and attendance, all the common kinds of restraining apparatus may be dispensed with, in the treatment of insanity; but of the propriety of doing so, under all circumstances, I still entertain doubts.

The error of dispensing with all apparatus in every case—if error it is—is fortunately one that will cure itself, and one not likely to be adopted by any person who is not actuated by pure motives and genuine philanthropy.

Our invariable rule is to remove all restraint from the person of every patient upon his entering the hospital, and it is with extreme reluctance that it is ever re-applied.

The completion of the lodges has contributed to diminish the already very small amount of restraining apparatus used in this institution. They were constructed with the express view of preventing even seclusion, by a strict classification of the patients in the halls; and on that account, the rooms are only intended for night, or for the temporary confinement of very violent patients by day. The effects of these arrangements have been very striking. By proper association and strict supervision, very little glass has been broken (although much is exposed), and many patients have been prevented from tearing their clothes, until the habit seemed to have been entirely forgotten.

It may be assumed, as the result of experience, that a diminution of restraint, with proper attendance, promotes cleanly habits and lessens noise, breakage and tearing.

Among the patients received directly into these lodges, were several persons whose hands had been constantly in muffs or analogous kinds of restraint for years before they entered this hospital. Immediately on their reception, all restraint was removed, and in no one instance has it been re-applied.

In each of these buildings are generally sixteen or seventeen patients. During the year no apparatus for restraint has been applied, except in two cases, and it is rare that more than one patient of each sex are confined to their rooms. In the lodge occupied by the females, no restraining apparatus has been employed.

Had I felt anxious to make such a declaration, it would have been in my power to have stated, that during the past year, no restraining apparatus of any kind had been upon the person of a single patient of this hospital; but believing, as I do, that its occasional employment may be conferring a favor on the patient, it has always been resorted to where there existed a proper indication for its use. The only indication for its use, that is recognized in this hospital, is the positive benefit or safety of the patient—never the trouble of those to whose care he is entrusted—and the direct order of the physician or his assistant, the only authority

under which it can be applied. The use of restraining apparatus ought rarely be entrusted to other hands. Until attendants have learned by experience, that ultimately they gain by avoiding its use—they rarely fail to suggest its employment, under improper circumstances—upon every occasion, indeed, when difficulty or danger is apprehended—instead of showing their own tact, by a resort to other expedients, for controlling the patient.

It has been truly said, that “any contrivance which diminishes the necessity for vigilance, must prove hurtful to the discipline” of an hospital for the insane; and this is a strong argument against the ingenious contrivances that have been devised for this very purpose.

Since my last report, one female patient was kept upon her bed for a few nights, by a very efficient and comfortable apparatus, of leather. Wristbands, secured by a belt around the body, were used with four males, and mittens (all of leather) were kept upon the hands of three other men, during a few days. A few hours were generally sufficient for all purposes. These were used when the disposition to injure themselves or others was particularly striking, or to prevent the indulgence of vicious habits.

With these exceptions, and some occasional impediment to the movement of the arms, during the action of a blister, we have found no reason for applying even the milder kinds of apparatus in a single one of the 238 cases under care during the year, and I wish it distinctly understood that the rougher varieties, as leg-locks, straight-jackets, muffs, restraining chairs, &c., are not considered as among the means employed in this hospital.

For nearly three months preceding the time at which I am writing, no patient has required any more decided restraint than simple seclusion in a guarded chamber.

Ohio Lunatic Asylum.—Under the head of restraint, it is proper we should go into particulars, in order to prevent misapprehension, and correct mistakes.

We allow no one in our employ to insult, taunt, ridicule, abuse, strike, whip, chain or iron a patient, under any circumstances whatever. There never was a man or woman chained or put in irons of any kind, since the Asylum received a patient; and we never had a straight-jacket in our possession. The simple leather wristbands are directed, for a few hours at a time, for those who quarrel and strike, or break and abuse the house, or furniture; and they are almost the only thing of the kind in use, excepting, indeed, the still more simple plan of fastening the waist-belt to the back of a chair, in order to keep meddlesome and busy bodies from mischief, and running about too much. The leather mitten, or muff, may be occasionally substituted for the wristbands, for such as tear clothing, or are disposed to injure themselves, or commit suicide. Cases are seldom so refractory as not to be manageable without the arm chair, though it is sometimes necessary. When there is great excitement and violence, we prefer temporary seclusion, in a strong room, to any

other way, and it is sometimes the only thing that will ensure peace and safety.

But it is a greater pleasure to remove restraints than to order them, and we are always anxious and ready to do so, at the earliest moment possible, and in the most pleasant and tender manner. Everything of this nature must be used with the best of motives, and in the most rational manner, and, as far as practicable, with a view to self-control, and improvement, so as to secure the good, and, as much as possible, avoid the bad effects of restraint.

And in this connection we may allude to what may, with propriety, be called the *art of restraint*, by which a large number are amused and controlled in the Asylum, without the least abridgement of personal freedom.

Pledges, too, belong to this art. They are often successful, without the necessity of personal restraint. We are seldom disappointed in the word of a patient seriously given, and "upon honor." A number of the peaceable and orderly have the entire freedom of the farm upon these terms, and are sometimes sent down to the city alone. And we very frequently succeed in controlling even the mischievous and more violent, at least for a time, by obtaining their pledge of good behavior.

Cold and warm bathing is also used in a variety of ways, especially the cold bath, which is employed, both as a means of health, and to induce self-control and useful restraint. A number of interesting cases might be related, in which this invigorating and salutary measure has been attended with the most beneficial and happy results. It is the best thing we have ever tried with ill-natured and petulant patients, and for fighting gentlemen there is nothing could do better. A complete showering of both parties is quite satisfactory, and generally makes them the very best of friends.

Shortly after commencing the institution, we received a noble-looking man, of gigantic stature, who had once been a lawyer of distinguished abilities. He had previously been confined in a lunatic hospital for a number of years, and, during most of the time, was so frantic and dangerous that his attendant considered it necessary to keep him chained to the floor night and day. He possessed great muscular strength, and some very extraordinary stories are related of his destructive violence, &c.

It was not long before there was serious trouble, for we found him to be head-strong and irritable, and exceedingly vulgar and profane; but a complete showering, which was continued until he firmly pledged his word and honor to behave like a gentleman, completely ended every difficulty in the most successful and permanent manner. He has ever since been as easily managed as any one in the institution—is a perfect gentleman in his manners, reads the news, studies his favorite Blackstone, and talks quite fluently about the "*common law*" and the "*validity of contracts*." In person he is said to resemble a highly-distinguished American orator, now deceased. He is 51 years of age, and may be recognized as the magnificent ruin of a great man.

Three years since he agreed, after much solicitation, to prepare an

oration for the then approaching anniversary of our national independence, provided we furnished a copy of the Constitution of the United States, the Constitution of the State of Ohio, a bible, and *some tobacco*.

Such, in general terms, are our views and sentiments upon the subject of discipline, and the means of restraint which we have found to be necessary and useful; and even these are but seldom required. At the moment we are engaged in the composition of this paragraph, with one hundred and forty-eight insane persons under charge in the Asylum, there is not a single individual under any other restraint than the walls of the building; and this is frequently the case for weeks together. They talk in England, and upon the Continent, of their *recent improvement* in these respects; of the value of mild treatment, and the disuse of all harsh means, and cruel restraints, describing, at the same time, the *means* which their experience has proved to be sufficient. It is well. We are thankful the things which they have laid aside, have never been in service with us. What they call mild restraints, have always been our strongest measures, and their conclusions our point of beginning.

Hanwell Lunatic Asylum.—The system of non-restraint, so happily transplanted from Lincoln to Hanwell, still flourishes and bears fruit. If it is a subject of just exultation to the French, that Pinel abolished the use of chains at the Bicêtre, and first emancipated lunatics from the reign of terror, we may boast that the scholars can now instruct their teachers, and return the lessons of philanthropy with rich usury. Dr. Crommelinck has lately sent in a report to the Minister of the Interior, in Belgium, on the lunatic asylums of England, France and Belgium, clearly showing the superiority of our own.

The appearance and general state of the patients in the wards of Hanwell, the order, activity, and cheerfulness, which pervade the Asylum, and the rapid subsidence of the wildness of new patients, are all alleged by Dr. Conolly as proofs of the superiority of the gentle plan of treatment. It occasionally happens that patients are brought into the Asylum in severe restraints. They are immediately set free; nor is the restraint ever put on again; yet the patients remain quiet.

In one of the remarkable cases narrated by Dr. Conolly, "a delicate girl, of small stature, and epileptic, was brought to the Asylum in close restraint, her wrists and ankles marked with iron hand-cuffs and leg-locks. The warm bath and the removal of restraints restored her to ease and content. In her tranquil state, her expressions were those of gratitude and affection; but during the maniacal excitement which accompanied her epileptic fits, her past impressions predominated, and she often fell on her knees and entreated that no one might be allowed to come and tie her down. She has now been managed for five months entirely without restraints.

What was once an experiment is now a successful system, and the wards of a lunatic asylum need no longer be a place of terror to the most sensitive visitor. Kindness, which performs miracles everywhere, which, like the sun in the fable, penetrates those rugged coverings that wind

and storm did but apply more closely—kindness is the “open sesame!” to the heart of the insane, and is a therapeutic agent at once to body and mind.

Among the asylums where the new system reigns, Dr. Conolly mentions those of Lincoln (where it originated), Northampton, Stafford, Gloucester, and the Royal Naval Hospital at Haslar. In other asylums where restraints are not wholly discontinued they are rarely resorted to; this is the case at York, Ipswich, Dunfries, Belfast, Clonmel, and several in the United States.

“What is to be done with suicidal patients?” is the triumphant question of those who still adhere to the system of restraint. The Hanwell answer is, treat them with kindness, and you will lessen the disposition; watch them with diligence, and you will render its accomplishment almost impossible.

Nine patients made attempts, several of them repeated ones, at self-destruction; but not one was successful. And since the severest restraints of the olden time have often proved ineffectual, the new system may challenge scrutiny on this score.

Nay, we would go farther, and would affirm that if the life of a single maniac is to be purchased by the misery of a hundred—if the enjoyment of existence and the hope of recovery are to be diminished to a hundred patients with suicidal inclinations, in order that one lunatic the more may be coerced into existence, and be kept chained on the brink of destruction—the advantage is obtained at too high a price; more *surveillance*, if you please, but no straight waistcoats.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

MARCH 1, 1843.

Smallpox in Boston.—Since the early part of October this disease has been common in Boston, and it still exists with considerable activity. Just as long as there are unvaccinated persons in town, it will continue to be propagated from one to the other. It is not kept here, however, by the native inhabitants, but by strangers who are temporarily in the city. The State of Maine is presumed to supply more subjects for the smallpox in Boston, than all the rest of New England. Young men and women are constantly coming to the city from that State for employment, without having been vaccinated. After the lapse of two or three weeks they often contract the disease, without knowing how or where. Many of them are thrown upon the charity of their acquaintances, should they happen to have any, or at once become a public charge. Those who recover are of course sometimes shockingly scarred and pitted, and their faces, which were once fair and regular, wofully changed. Although the fact is well known that the people of Maine are such great sufferers by smallpox, not only in Boston, but wherever they happen to wend their way, it seems to lead to no effort at home to protect the people. No regard seems to be

paid to the greatest discovery of the age, in any of the large towns in Maine. Till some systematic course is pursued to extend the benefits of vaccination, beginning with children at the district schools, the loss of life will be continued and be annually increasing from this same melancholy cause.

We have no precise means of ascertaining the number of cases of smallpox which have occurred the present winter in Boston: that they have been exceedingly numerous, is placed beyond a doubt. Admitting that the average rate of mortality is as one in ten, there must have been over three hundred sick with the genuine or modified form of smallpox, since the first of October, as there had been 38 deaths up to Saturday last. This is a plain statement, which is sufficiently alarming to induce those, who are still unprotected, to avail themselves at once of the only sure preventive known.

On the 8th of April last, a case of smallpox accidentally made its appearance in the Massachusetts General Hospital, in a man, who, for some time previous, had been a patient in the surgical ward; and, "notwithstanding every necessary and proper precaution immediately taken by the officers to prevent the spread of the disease, two others in the same ward were attacked by it—to one of whom, Mr. Samuel Holt, it proved fatal. It is said that these three individuals were the only ones, out of ninety-three persons at that time in the house, who had never been vaccinated; and, if this be true, the fact affords additional evidence of the great protection afforded by vaccination against the virulence of this much-dreaded disease, since no others were attacked by it. Sixteen cases, however, of varioloid appeared in the Hospital from the 20th of April to the 1st of June, most of which were quite mild in their character. Since that period, it has been free from all appearances of contagion. In consequence of the breaking out of these diseases, the number of patients was reduced from 61 to 13—the directors feeling it to be their duty to forbid all admissions during their prevalence. After their entire disappearance, it was deemed advisable to have the several wards thoroughly cleansed, white-washed and painted—an operation which occasioned the incurring of an additional expense in repairs, and, at the same time, prevented the admission of new patients."

No child can gain admission to a public school in Boston, without a certificate of vaccination. That no parent shall plead inability to comply with this excellent law, ample provision is made for gratuitous vaccination of the poor, every day in the year. However rife the smallpox may be, therefore, at any time in Boston, the schools, in which over ten thousand children are taught at the public expense, are never interrupted by smallpox—for no pupil is susceptible of the disease. When other cities and towns adopt the same prudent system, the alarms created by cases of smallpox will be very rare, and deaths from that cause almost unknown.

Transactions of the Philadelphia College of Physicians.—There is a pleasure in the perusal of the papers which are emanating quarterly from this learned body. An annual report on surgery, by Dr. Isaac Parish, published in the last No., is really worth a very careful examination. His critical comments on the value of the operation for strabismus, show him to be a man of sound judgment and discrimination—and, withal, a candid

spectator of passing events. It is to be feared that the division of the muscles of the eye will by and by fall into disuse—not because there is no success attending the operation, but because such a troop of upstart, would-be surgeons have courted distinction in that way, unsuccessfully, that people of sense begin to distrust expert, skilful operators, under all circumstances.

Another hobby—for it came near being one—a division of the muscles of the tongue, to cure stammering, did not become fashionable in the United States—which is fortunate for those who would have been the unfortunate patients. Unpromising as the prospect was, there were persons ready to build up a reputation on such a sandy foundation.

Dr. Ashmead's successful operation for an artificial anus, is properly estimated, and praise justly bestowed where it belongs. He operated on a female, 37 years of age, as long ago as March, 1838, who was affected with a scirrhus tumor of the rectum, causing complete occlusion during a period of several weeks. The abdomen and flanks, says Dr. Parish, were enormously distended, and the least motion or attempt to eat produced extreme suffering. The operation spoken of with such admiration, consists in making an opening into the descending colon, at the lumbar fossa, and in the triangular space between the edges of the obliquus externus and latissimus dorsi.

We hope these transactions may have an extensive circulation. The cost is but a trifle when weighed against the valuable information they impart to the attentive reader.

Elongated Uvula and Enlarged Tonsils.—James Yearsley, Esq., a London surgeon, somewhat distinguished for his researches into the causes of deafness, has produced a treatise on *Elongated Uvula and Enlarged Tonsils*, which develops some important views. He points out the intimate connection between certain morbid conditions of the throat and ear, says the editor of the London Sun, and several imperfections of the voice and speech. Mr. Yearsley has established that when those parts are in a state of active inflammation, they may be excised with safety and even advantage, as there is scarcely any hæmorrhage. It is advisable, therefore, even in cases where it seems to be hazardous to perform the operation, not to hesitate a single moment, when the condition of the patient is at all endangered by the delay. Mr. Yearsley conceives that a relaxation of the mucous membrane of the throat and elongation of the uvula, give rise to symptoms which indicate a pulmonary consumption. An incessant irritation produced by an elongated, pendulous uvula, produces cough, and, if long continued, may develop a disease of the lungs, especially in persons hereditarily disposed to that malady. The voice of singers is singularly influenced by the uvula; if too long, the character of the voice is immediately improved by snipping it off. Practitioners should look to that little appendage often, since it may give rise to a multitude of formidable affections that might be removed instantly with a pair of scissors.

Mismanagement of the Insane in Massachusetts.—Those who are acquainted with the name of the lady spoken of in the following remarks, are better able than ourselves to appreciate the value of her benevolent

exertions. Within the hospitals, the insane are provided for in an unexceptionable manner. In the jails and almshouses, their condition may be as dreadful as represented, and therefore demands a speedy legislative inquiry. If really so, it is disgraceful to the age, and a sin in the sight of high Heaven to neglect those unfortunate creatures whose claims upon the charity of the Commonwealth are undeniably strong—and now more cogent than ever. "Miss D. L. Dix, of Boston, well known by her untiring labors in the cause of philanthropy, has within the past year visited nearly every town in Massachusetts, with the praiseworthy view of ascertaining, from actual inspection, the *condition of the insane* in the different towns of this Commonwealth. The result of her researches, says the Evening Journal, are embodied in a memorial to the Massachusetts Legislature, and contains facts which no person blessed with a portion of humanity can learn without experiencing a shudder of mingled indignation and pity. There are few persons, indeed, who are aware that scenes of the most revolting and cruel character are daily practised in many of the alms-houses of this State; and those poor unfortunate individuals, who are bereft of reason, and should be regarded with compassion, and treated with the utmost care and tenderness, are at the present time, to use the language of Miss Dix, confined within this Commonwealth in cages, closets, cellars, stalls, pens; chained, naked, beaten with rods, and lashed into obedience."

Hudson Lunatic Asylum.—Since this institution was opened by its proprietors, Drs. S. and G. H. White, in 1830, for the relief and cure of the insane, a period of twelve and a half years, 580 patients have been received. A large proportion have recovered and been restored to society and their friends in the enjoyment of reason, and others rendered more comfortable, if not much improved.

During the year 1842, seventy-one patients have been under their care, in this institution: to wit, Recent Cases, 15; Chronic do., 50; Intemperate do., 6. Total, 71.

Thirty-eight have been removed during the year: to wit., of the Recent Cases, cured, 10; recovering, 2. Of the Chronic Cases, cured, 4; recovering, 2; improved, 15; died, 1. Of the Intemperate Cases, 4 left with their systems renovated, and resolving to abstain from all intoxicating drinks. Remaining, Jan. 1, 1843, under treatment, 33.

The members of the Board of Supervisors of the County of Columbia, having visited the Lunatic Asylum of the City of Hudson, expressed the sense of the Board. Being placed on an elevation overlooking the city and surrounding country, with an extensive view of the Hudson River and the Catskill Mountains, few locations can be found to compare with it in healthfulness, or beauty, and grandeur of scenery. The building is spacious, and constructed in such order as to accommodate from fifty to one hundred patients. The rooms are so arranged that patients can have an apartment by themselves, or can have an associate or nurse, having each a sleeping room with a sitting room in common, all being properly warmed, lighted and ventilated. The windows are secured by iron sash, and the furniture to the rooms so constructed, as to make them in the highest degree comfortable, and yet so as to remove all means from the patients of doing violence to themselves. The different apartments are furnished with great neatness, and in most cases with elegance.

Dr. Alcott's Coffee.—Those who have kept pace with the radical system of dietetic philosophy which has been principally promulgated abroad from New England, the last half dozen years, must have heard of Dr. Wm. A. Alcott, whose strength is freely expended in heralding the discovery that nearly every article heretofore considered wholesome food in civilized states, is death in disguise. To particularize the prohibited kinds of aliment in the new school of physiologists, would be a laborious undertaking. The highest rank in the catalogue of destructive agents of life, is given to tea and coffee; and on these two, Dr. Alcott, in common with the new-light eaters, has been unsparing in his anathemas.

But now comes the test of principle. The Imaum of Muscat has sent Dr. A. a bag of superb coffee, little dreaming that he was thrusting a fire-brand into a powder magazine! Now what is to be done with it? Dr. A. makes an effort to extricate himself from his unpleasant situation, by stating in the papers that it does not properly belong to him, he having never sent certain books which drew forth the splendid present, and calling upon the individual who did send them to come and take the coffee off his hands. Still it is now in his possession, and is, for aught we can see, likely to remain there; so that the question again recurs—what is to be done with it? Dr. Alcott cannot use it; nor can he consistently give it away, for he is too honest to put a knife into a neighbor's hand to kill himself with. It cannot be returned to his Highness at Muscat—for that would be a gross insult; nor can he be guilty of an act so unjust, after reviewing his own arguments against coffee, as to sell it and pocket the money.

Certainly our friend is in a strait, since he cannot be honest, after all that is past, if he either drinks, sells, returns or gives away this troublesome bag of coffee. Although the Jews of antiquity could not eat pork themselves, they did not scruple to raise swine and sell them to the Gentiles, since there was no prohibition in the Mosaic law that seemed to forbid the traffic.

In this case there is a great moral principle at stake, which we consider a capital test of sincerity in the cause of dietetic reformation; and therefore we wait, with anxious solicitude, to know how the doctor will extricate himself from this hedge of perplexity—involving, as it does, the very foundation of the edifice on which his reputation rests, as a consistent Christian and conscientious medical reformer.

Medical Institution of Yale College.—The annual course of lectures in this institution closed on Tuesday the 17th ult., and the session of the Committee of Examination continued during the three following days. Present, on the part of the Connecticut Medical Society, Elijah Middlebrook, M.D., of Trumbull, *President*; Luther Ticknor, M.D., of Salisbury, Charles Woodward, M.D., of Middletown, and Archibald Welch, M.D., of Wethersfield; and, on the part of Yale College, Professors Silliman, Ives, Knight, Beers, Hooker and Bronson.

Seventeen candidates, after reading their dissertations and passing a satisfactory examination, were admitted to the degree of Doctor in Medicine, by President Day, of Yale College, viz.:—Wm. Coley Betts, Wilton, "an inquiry into Physiological and Pathological Action." Wm. Richards Boardman, B.A., Hartford, on "Hydrocele." Wm. Edmond Booth, Newtown,

on "Diabetes Mellitus." Joseph Rowland Brisco, Newtown, on "Gonorrhœa." Linus Pierpont Brockett, Lyme, on "Iritis." Wm. Augustus Bronson, B.A., New Haven, on "The Pulse." George Whiting Burke, M.A., Hartford, on "Melancholia." William Taylor Clarke, Rodman, N. Y., on "Inflammation." Alfred Washington Coats, Sterling, on "Scarlatina." Elias Franklin Coats, Plainfield, on "Menstruation." Robert Crane, Bethlem—the Valedictory Address. David Lewis Daggett, B.A., New Haven, on "The Therapeutical Application of Ice." Horace Judson, Newtown, on "Dysentery." Samuel Harper, Lea, B.A., Baton Rouge, La., on "The True Character of Medical Science." George Page, B.A., Rutland, Vt., on "Apoplexy." George Edwin Perkins, New Haven, on "Pleurisy." Charles Barnes Whitteley, Berlin, on "Phloridzin."

David Hughes, B.A., of Cape May, N. J., read a dissertation on "want of Principles in Medicine, and Difficulties of Medical Investigation," and after examination received a license from the President of the Connecticut Medical Society.

Medical Miscellany.—An aged woman is represented to have died at Charlestown, in convulsions, brought on by fear that a general conflagration of the globe had commenced, which she was convinced of by an alarm of fire at Cambridge, near by.—Dr. Ware was elected an associate of the Philadelphia College of Physicians, at the last November meeting. Dr. Thomas Dillard, of the U. S. N., and Dr. Paul B. Goddard, were elected Fellows. At the December meeting, Alfred Stille, M.D., and John R. Reese, M.D., were also elected Fellows.—A curious correspondence is related in the Boston Courier, between Dr. Bowditch, of this city, and Dr. L. M. Ricard, of Charlestown, Kent Co., Maryland.—The Duke of Marlboro' has mesmerized a dog in Ireland. American dogs continue to resist the magnetic influence.—Dr. E. G. Kelly, of Newburyport, Mass., an ingenious, philosophical dental operator, has just published a popular treatise on the human teeth and dental surgery, which will receive a more special notice the coming week.—At a late meeting of the Philadelphia Medical Society, Dr. Parry, of Indianapolis, Indiana, read an instructive paper on the history of *congestive fever*, of that part of the Union.—Mr. Zeitz, the surgical-instrument maker, Washington street, has just completed some highly-finished specimens of surgical cutlery.—Mr. Metcalf, Tremont Row, and Brewer, Cushing & Stevens, Washington street, have an extensive assortment of desirable instruments for physicians as well as surgeons and dentists, which are creditable to the skill and ingenuity of our manufacturers. The cutlers of London cannot excel those of this country in this line of workmanship.—Dr. R. M. Patterson has been lecturing on sound in Philadelphia. One evening was devoted to wind-instruments, and it is hoped he explained how many thousands have blown themselves into a consumption by them.

DIED.—In Dorchester, Mass., Dr. Samuel Mulliken.—At New York, Dr. Henry Mead, 65, a native of Connecticut.

Number of deaths in Boston, for the week ending Feb. 25, 38.—Males, 17; Females, 21. Stillborn, 6. Of consumption, 4— inflammation of the throat, 1—dropy, 2—lung fever, 1—pleurisy, 1—child-bed, 2—croup, 1—smallpox, 2—marasmus, 4—infantile, 6—disease of the brain, 1—varioid, 1—apoplexy, 1—intemperance, 1—liver complaint 2—old age, 2—paralysis, 1—burn, 1—tumor on lungs, 1—rickets, 1—scarlet fever, 1—erysipelas, 1.

Under 5 years, 16—between 5 and 20 years, 3—between 20 and 60 years, 14—over 60 years, 4.

Deafness, with diseased Tonsil and Uvula, affecting the Voice in Singing. Successfully treated by W. THORNTON, Surgeon.—Miss M., a professional singer, residing in London, consulted me chiefly on account of deafness, her left ear having been affected twenty-five years in consequence of scarlet fever. She had been under the treatment of an aurist for some months, and after undergoing blistering, leeching, syringing, stimulating ointments, and acoustic drops, usually resorted to by quacks, without deriving any benefit, the disease was neglected for fifteen years, from a dread of being made worse. The Eustachian passages being obstructed, she could not inflate them, though the hearing functions of the other ear were perfect. Upon examination, the left meatus externus, near the bottom, appeared contracted; so that the orifice would only admit the point of a probe. On touching the membrana tympana, scarcely any pain was excited, but the touch conveyed a parchy sensation. By syringing with warm water, a dull obtuse sound was produced and some hardened wax removed. The hearing of this ear was completely lost; she could not hear my watch even when pressed on the external ear or the forehead; but the introduction of a catheter through the nostril, into the Eustachian tube, plainly demonstrated a diminished calibre of this important canal. I now attempted to catheterize the Eustachian tube, but was unable to accomplish this at the first, second, or third trials: I therefore prescribed friction of the ointment of iodide of mercury upon the external fauces, and small doses of iodide of potassium and Decot. Sarzæ. concentrated, internally. This plan was adopted for two months, when I succeeded in passing medicated vapor *douche* and a bougie into the Eustachian passages. By persevering in the use of the iodine for three months, and frequently, during this time, dilating the Eustachian tube by means of the catheter or bougies, hearing was gradually restored, to the great delight of my patient, who had not enjoyed it for twenty-five years. This lady complained of an irritation in the throat when exceeding a certain note, producing a tickling and hoarseness which affected and impeded her singing.

Upon examination of the fauces I discovered the left tonsil elongated and hard to the touch; the uvula very much relaxed—sufficiently to account for the above symptoms. I applied a strong solution of alum, by means of a small camel brush, touching the tonsil every third day with caustic. The effects of this combined treatment, were very satisfactory; all the symptoms disappearing, the voice permanently improving, and the patient gaining two or three notes. I have dwelt longer on this interesting case than I intended, to illustrate the importance of the “Medicated Vapor *Douche*” in obstructions of the Eustachian passages. I am convinced no person laboring under deafness, however protracted, should abandon the hope of relief until their ears have been skilfully explored by catheterism of these passages. Strictures of this tube are removed on the same principle as when existing in the urethra. By dilatation with bougies and medicated vapor, these canals and cavities are readily cleared out. The great difficulty of the manipulation is admitted, but still I have frequently succeeded in passing a fine whalebone or catgut bougie.—*Lon. Med. Gazette.*

Sulphate of Quinine.—According to a Parisian Journal (the *Examineur Médical* of Dec. 15th), serious symptoms, and even death itself, had lately followed the administration of large doses of sulphate of quinine in the hospitals.